Wisconsin Department of Health and Family Services

Pharmacy NewsCapsule

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Requirements vs. Recommendations

By Doug Englebert, Pharmacy Practice Consultant

In the Jan.-Feb. 04 edition of the Pharmacy NewsCapsule, information was provided clarifying what constitutes a medication error. The write-up distinguished requirements from recommendations to assist surveyors in determining whether a nursing home observation is a medication error that is counted during the medication pass task. Recently, questions have again arisen about what should be counted as a medication error. This article is intended to answer those questions.

Medication Error Definition

A medication error occurs when the physician order is not followed. If the physician prescribes a medication to be given in a specific way, and the health care facility staff does not follow that order, it is considered a medication error. If facility staff is concerned with the way the physician wrote the order, then the order should be clarified with the physician.

A medication error also occurs if a medication is administered contrary to accepted standards of practice. These standards of practice typically address the dose or effectiveness of the medication, e.g, failure to shake a liquid suspension to distribute the medication equally. Some practices not considered medication errors include: failing to check G-tube placement or rinsing out the mouth after use of an oral steroid inhaler. These failures do not affect the dose of the medication administered and are, therefore, not medication errors.

Finally, a medication error also occurs when manufacturers' requirements are not followed. Manufacturers' requirements may include: 1) do not crush, 2) shake prior to use, 3) wait 60 seconds between puffs, 4) give with food, 5) give on an empty stomach, etc. These directions from the manufacturer must be followed for the medication to be effective.

In some cases, manufacturers will indicate recommendations.

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Medicare Part D

By Doug Englebert, R.Ph.

Communication, cooperation, and civility are recommendedt for those working with Medicare Part D.

Medicare Part D has been a significant challenge for some individuals who have experienced difficulties getting their medication. Some health care providers, unfortunately, have had to deal with a significant number of these situations.

Many of these instances are not the fault of the patient/resident, pharmacy, or physician. Please keep this in mind as everyone works to assure that those who need medications are able to get them.

References are available upon request.

New Drugs

By Doug Englebert, R.Ph.

New Products		
Amitiza	Lubiprostone	For treatment of chronic idiopathic constipation
Ranexa	Ranolazine	For treatment of chronic angina
Exubera	Insulin human	Rapid acting oral inhaled insulin

Medication Errors

Doug Englebert, Pharmacy Practice Consultant

Before Propofol is prescribed or administered, risks should be determined and appropriate precautions should be in place.

In the Institute of Safe Medication Practices (ISMP) Medication Alert Newsletter on November 3, 2005, there was a discussion about untrained individuals administering the medication Propofol. Propofol is a medication used in sedation for various surgical procedures. The newsletter article addressed the issue of the "false sense of security" that can occur when administration occurs by untrained professionals. Specifically, Propofol, like many other medications, has been effective, easy to use, and generally safe. Often, when medications have a favorable effect, individuals, often those with less experience with the medication, may begin to administer the medication without understanding the risks. In the case of Propofol, inexperienced physicians and nurses (at the request of physicians) may administer it without the proper precautions in place. They may not realize that within seconds of administering the medication, a patient may become unresponsive and require intubation or other life saving interventions. Health care providers should always keep in mind that medications are an invasive medical intervention. All medication interventions carry risk. The routine use of a medication should not lead to a false sense of security. The key to safe medication administration is that healthcare providers should become familiar with medication risks and appropriate medication administration precautions before ordering use.

Focus Drug of the Month

By Doug Englebert, R.Ph

Exubera ® Inhaler
Insulin Human Inhalation

Approved in January 2006, Exubera® is the first inhaled insulin. This insulin is like the rapid-acting insulin analogs and must be given ten minutes prior to a meal. Exubera® does however have a duration of effect that is similar to regular subcutaneous insulin which is longer than the rapid-acting insulin analogs. Exubera® is not for individuals who are smokers or have lung disease. Lung function should be tested prior to use and periodically during treatment.

Exubera® will be available in 1 mg and 3 mg blisters. Using combinations of 1 and 3 mg blisters, the correct dose is selected and administered via the inhalation device. For individuals who currently are not on insulin and will be started with Exubera®, the initial dose of Exubera® will be calculated based on weight. Individuals already on insulin who will be switched to Exubera® the dose will be calculated based on their current insulin usage.

The current ratio is that a 1 mg Exubera® blister is equivalent to 3 units of regular insulin. A 3 mg Exubera® blister is equivalent to 8 units of regular insulin. It is important to note that using three 1 mg blisters is more potent then using one 3 mg blister. Therefore, the appropriate combination of 1 mg and 3 mg blisters must be used

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Recommendations may include: 1) may take with food, or , 2) may give 30 minutes prior to a meal, etc. Recommendations from the manufacturer do not need to be followed for the medication to be effective. Rather, manufacturers' recommendations are provided to lessen a side effect or optimize treatment for some people. When facilities do not follow these general recommendations, it is not considered a medication error for purposes of the nursing medication pass task.

Physicians, pharmacists, and nurses may use their clinical judgment to address specific issues on a case-by-case basis. If a nurse, pharmacist, or physician determines that a medication causes stomach upset for a specific resident, he/she may accept a manufacturer's recommendation and indicate through an order, care plan, medication administration record (MAR), or some other documentation that the recommendation is now a requirement for that specific resident.

There are a couple situations that surveyors should be particularly aware of when considering medication errors. In some cases, pharmacists or facilities will include manufacturers' recommendations on the medication administration record (MAR) for all residents. If the physician signs the MAR as the current written medication order, the recommendation becomes a requirement. In this circumstance, if the physician order on the MAR is not followed, it should be considered a medication error. Pharmacists must often affix auxiliary labels when dispensing medications. Some auxiliary labels are requirements; some are just recommendations. Facilities should have a process to determine which ones are requirements they must follow and which ones are just recommendations they could consider.

An example of a common auxiliary label is "Take with food." Many "Take with food" auxiliary labels are not requirements, but recommendations. If a surveyor sees an auxiliary label that is not followed, they should check manufacturers' requirements and/or ask the facility if that particular label must be followed for that resident. If the auxiliary label is required for the resident, and it was not followed, then that is a medication error for survey purposes.

consistently or the dose and effect will not be the same.

Exubera® Inhaler will come with a chamber, inhaler base and an Exubera® Release Unit. The Release Unit should be changed every two weeks. The inhaler chamber/base can be used for up to one year and then changed.

Exubera® blisters and the inhaler should be stored at room temperature (77 degrees Fahrenheit) with a permitted range of 59-86 degrees. The blisters and inhaler should not be refrigerated or frozen.

The Exubera® blisters come in sealed packages. When the seal is opened it is important to keep the packages away from moisture. The sealed packages once open should be used within three months.

Instructions on how to use the Exubera® Inhaler will be available through a Medication Guide from the pharmacy. Individuals who will be using the inhaler must receive training on how to use the device.

Exubera® is planned to be available sometime in the summer of 2006.

If there are medications you would like featured in this column, please send an email to Doug at **engleda@dhfs.state.wi.us**

Consultant's Corner

Doug Englebert *Pharmacy Practice Consultant PRQI*

This section will appear in each issue and will contain information that will answer your questions. If there is a topic about which you want more detailed information, please drop me an email at **engleda@dhfs.state.wi.us** and I'll research the topic.

1. Can Community Based Residential Facility (CBRF) staff mix medications in a nebulizer and administer?

CBRF staff who administer medications need to have taken and passed medication administration training. If staff will be administering medications via a nebulizer they must have training in the appropriate use of the nebulizer including any mixing of medications.

2. Can CBRF staff cut a tablet in half?

CBRF staff members who have received medication training can select a dose of a medication that the physician has ordered. In facilities where there is a registered nurse, medications do not need to be in sealed blister packages or other similar packaging. In those circumstances where blister packages are not used, staff may cut tablets in half and use both halves. However, in CBRFs where there is no registered nurse, medications must be put in blister packages or similar unit-of-use packaging where the pharmacist has packaged the medication in the dose that is needed. Staff in these CBRFs cannot take the medication out of the pharmacy blister package, cut the tablet in half, administer one half, and then put the other half back in the blister package for future use. The pharmacy must cut the tablets in half and package the medication in halves.

3. Can CBRF staff crush a tablet?

CBRF staff members who have received medication training can crush medications when needed. They need to check with the pharmacy whether a medication can be crushed, or they must obtain a physician's order to crush a specific medication.

4. Do medications stored in a medication cart in a nursing home need to be separated?

There are two separate requirements in the state nursing home code. They are:

1) A requirement to separate external medications from internal medications, and;

2) A requirement to physically separate medications packaged for individuals.

The separation of external and internal medication is fairly straight forward. External medications need to be separated from oral medications. Usually facilities deal with this by putting external medications in a separate cart that is called the "treatment" cart. Another practice is to place external medications in zip-lock bags, which are stored in the general cart. Other solutions also exist.

The second separation requirement appears to have stemmed from the time when there were bulk bottles, e.g., a bottle of 500 Lithium capsules that were used for all residents. The goal was to ensure that an individual's medications were separated from the bulk bottles that were used for other residents. This issue still exists with over-the-counter medications, where some individual residents may have their own supply of Tylenol and other residents will use Tylenol from the facility bulk bottle. Individual supplies need to be separated from these community bulk supplies. This requirement also has a goal of preventing medication errors. If Resident A's medications are separated from Resident B's medication, there is less chance that these residents' medications will be mixed up. Blister packages separated by room number or resident name tabs, for example, accomplish that separation. Large bottles of liquid medications may also be separated by resident name.

References are available upon request.